

NAME: Mr., Mrs., Miss, Ms. _____ Clerk's ID _____

(CIRCLE ONE)

Last

First

Middle

ADDRESS: _____ Apt. No./P.O. Box No. _____

FORMER ADDRESS: _____

FORMER REGISTERED NAME: _____

BIRTHDATE: _____ BIRTHPLACE: _____

NATURALIZATION DATE: _____ COURT: _____ CITY & STATE: _____

OR THROUGH WHOM NATURALIZED _____

New Registration _____

Name Change _____

Address Change _____

(Transfer)

Ward _____

School Dist. _____

ID Number – Check the applicable box and provide the appropriate number (either driver's license or Social Security).

☒ Driver's license number _____

☒ Last four digits of Social Security number _____

☒ I have neither a driver's License nor a Social Security number.

*****A MAIL IN REGISTRATION MUST BE ACCOMPANIED BY A COPY OF ACCEPTABLE IDENTIFICATION*****

Please answer the following questions by checking "yes" or "no"

Are you a citizen of the United States of America?

☒ Yes ☒ No

CITY OF BELOIT

Will you be 18 years of age on or before election day?

☒ Yes ☒ No

ROCK COUNTY, WISCONSIN

If you checked "no" in response to either of these questions, do not complete this form.

☒ I certify that I meet the eligibility requirements of the State of Wisconsin, and that the information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be subject to a fine or imprisonment or both under Federal or State laws.

↓ SIGNATURE OF VOTER: _____

WITNESS: _____

(Required when offered proof of residency is not accepted)

Dated: _____

Signature of Registration Officer

A mail in registration must be filed along with a copy of one form of acceptable identification:

Current and valid photo I. D.

Current utility bill

Bank statement

Government check

Pay check

Government document that shows your correct name and address